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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38565**

1. Corporation Name
CLINCH LAKE PARK RESIDENTS ASSOCIATION, INC.

* 1 101672 · 90054 · 30

Principal Place of Business	Mailing Address
1000 CLINCH BLVD LOT 52 FROSTPROFF FL 3384 US	1000 CLINCH BLVD LOT 52 FROSTPROOF FL 33843 US

2. Principal Place of Business 21 CLINCH LAKE MOBILE HOME PK. Suite, Apt. #, etc. 22 City & State 23 FROSTPROOF, FLORIDA Zip 24 33843 Country 25 POLK	2a. Mailing Address 26 1000 S. CLINCH LAKE BLVD. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 06/01/1990 4. FEI Number 59-3103618 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOEBELS, JACK 1000 CLINCH BLVD LOT 52 FROSTPROOF FL 33843	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	~~GOEBEL, JOHN W~~		1.2 NAME	PEGGY HARD	
STREET ADDRESS	~~1000 CLINCH BLVD., LOT 52~~		1.3 STREET ADDRESS	1000 CLINCH LKE. BLVD. #62	
CITY-ST-ZIP	~~FROSTPROOF FL~~		1.4 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT DAUCH		2.2 NAME		
STREET ADDRESS	1000 S. CLINCH LAKE. BLVD #8		2.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DONALD G. HOWELL		3.2 NAME		
STREET ADDRESS	1000 CLINCH BLVD STE 62		3.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	~~BURKE, PHYLLIS~~		4.2 NAME	ROBERT NICOLOI	
STREET ADDRESS	~~1000 S CLINCH LAKE BLVD LOT 25~~		4.3 STREET ADDRESS	1000 S. CLINCH LKE. BLVD. #4	
CITY-ST-ZIP	~~FROSTPROOF FL~~		4.4 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	~~ROBERT NICOLI~~		5.2 NAME	NORVAL ERICKSON	
STREET ADDRESS	~~1000 S CLINCH LAKE BLVD #46~~		5.3 STREET ADDRESS	1000 S. CLINCH LKE. BLVD #53	
CITY-ST-ZIP	~~FROSTPROOF FL~~		5.4 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCNAIR, ROGER		6.2 NAME		
STREET ADDRESS	1000 S CLINCH LAKE BLVD #41		6.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an *officer or director of the corporation or the receiver or trustee empowered to execute this report as required by* Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED 941-625-1254